REQUEST FOR PATENT FEE REFUND					
1 Date of Request: 7/21/05 2 Serial/Patent # 10/526 976					
3 Please refund the following fee(s):	4 PAI	PER MBER	5 DATE FILED	6 AMOUNT	
Filing				\$	
Amendment				\$	
Extension of Time				\$	
Notice of Appeal/Appeal				\$	
Petition				\$	
Issue				\$	
Cert of Correction/Terminal Disc.				\$	
Maintenance				\$	
Assignment				\$	
Other				\$	
		7 TOTAL AMOUNT OF REFUND \$ / CO.CO			
	8 TO	BE R	EFUNDED B	Y:	
10 REASON:		Treasury Check			
Overpayment		Credit Deposit A/C #:			
Duplicate Payment		9 1 2 0 9 1 3			
No Fee Due (Explanation):					
Fle Code Consectión					
·					
11 REFUND REQUESTED BY:					
TYPED/PRINTED NAME: BARBACA CAMPBEII TITLE:					
SIGNATURE: BAC	<del></del>	PF	ione: <u>763 c</u>	308-9140	
OFFICE: <u>PCT/20/E0</u> Ed 217					
THIS SPACE RESERVED FOR FINANCE USE ONLY:					
APPROVED:	DATE	DATE: Repln. Ref: 07/22/2005 BCAMPBEL 0016142800			

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

PORM PTO 1577 (01/90) Office of Finance Refund Branch Crystal Park One, Room 802B